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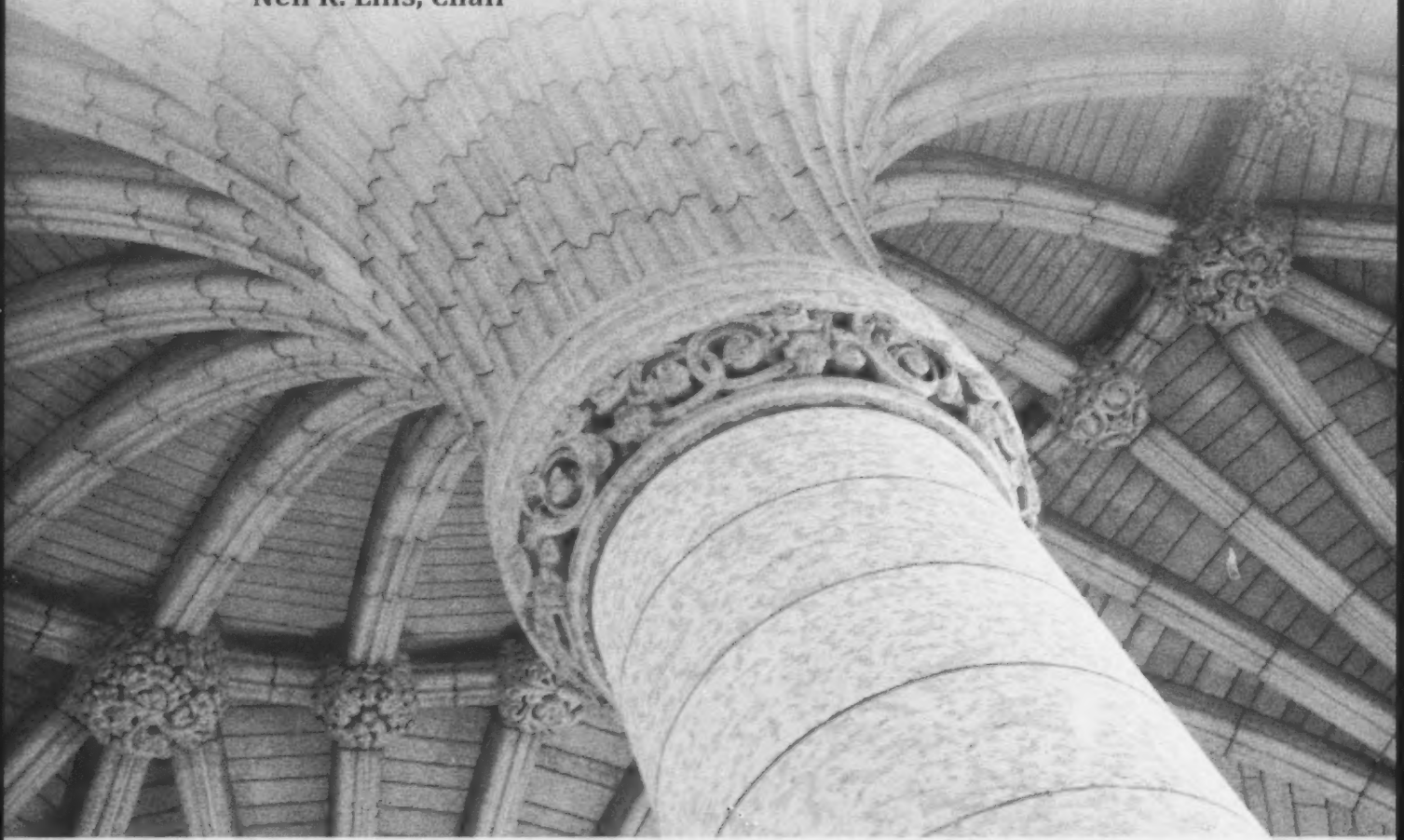
A SEAMLESS TRANSITION TO CIVILIAN LIFE FOR ALL VETERANS: IT'S TIME FOR ACTION

Report of the Standing Committee on Veterans Affairs

Neil R. Ellis, Chair



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Neil R. Ellis
Chair

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Reports from committee presented to the House of Commons

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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has the honour to present its

NINTH REPORT

Pursuant to its mandate under Standing Order 108(2), the Committee has studied the barriers to transition and measurable outcomes of successful transition and has agreed to report the following:

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LIST OF RECOMMENDATIONS

As a result of their deliberations, committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.

Recommendation 1

That Veterans Affairs Canada, in collaboration with the Department of National Defence, develop a comprehensive framework, including measurable variables, that would define the determinants of a successful transition. 6

Recommendation 2

That the Department of National Defence regularly table to the Committee an analysis of the time it takes for members posted to the Joint Personnel Support Unit to go back to meaningful professional activities, and of the nature of these activities. 10

Recommendation 3

That the Canadian Armed Forces, in cooperation with Veterans Affairs Canada, develop an integrated transition plan and provide personalized monitoring to all members being released. 11

Recommendation 4

That the Canadian Armed Forces provide to the Committee an analysis of the causes of the current instability in the senior ranks of the Joint Personnel Support Unit. 14

Recommendation 5

That the Canadian Armed Forces prioritize the appointment of ill or injured members to its senior ranks, and provide measurable targets to monitor its progress. 14

Recommendation 6

That the Canadian Armed Forces apply a measure of flexibility to the principle of Universality of Service, and that a modified duty category for suitable members be established..... 18

Recommendation 7

That the Government of Canada make the Department of National Defence responsible for the decision to attribute the cause or aggravation of an injury or illness to military service. 23

Recommendation 8

That the Canadian Armed Forces provide more stringent guidelines to strongly encourage Canadian Armed Forces members, officers and medical personnel to fill out the *Report of Injury, Disease or Illness* (Form CF 98, see Appendix)..... 23

Recommendation 9

That Veterans Affairs Canada, when it receives an application for benefits or services, inform the applicant of the approximate time required to process the request, and inform the applicant when the delay is extended. 24

Recommendation 10

That the Canadian Armed Forces (CAF) add an electronic device to military identity discs to make it easier to transfer information over multiple deployments, and that the information on this device be sent to Veterans Affairs Canada when a CAF member is released. 27

Recommendation 11

That Veterans Affairs Canada and the Canadian Armed Forces provide, through the Military Families Resource Centres, programs for spouses and family members on the challenges they may face during and after the military members' transition to civilian life. 30

Recommendation 12

That the Canadian Armed Forces, in cooperation with Veterans Affairs Canada, offer training to all releasing members and members of their families to prepare them for civilian life. 32

Recommendation 13

That Veterans Affairs Canada (VAC) review the overall well-being, including topics such as financial security, access to housing, and mental health status of veterans, to ensure they are sufficient, and prepare a report detailing their findings every five years; and that VAC identify ways to capture data on families where possible. 38

Recommendation 14

That Veterans Affairs Canada accelerate its process to approve services by third parties on the list of authorized suppliers when case managers or service officers determine that these services would help veterans make a successful transition. 39

Recommendation 15

That the Canadian Armed Forces and Veterans Affairs Canada harmonize treatment options offered by healthcare professionals to transitioning serving members and veterans. 39

A SEAMLESS TRANSITION TO CIVILIAN LIFE FOR ALL VETERANS: IT'S TIME FOR ACTION

INTRODUCTION

Of the 9,000 members who leave the Canadian Armed Forces each year, including members of the Regular Force and of the Reserve, approximately 2,500 are medically released.[1] These numbers have been steadily growing for a number of years now. For comparison, in 2014, it was written in the federal budget that "each year, approximately 7,600 Canadian Armed Forces personnel leave the Canadian Armed Forces, including approximately 1,000 personnel released for medical reasons beyond their control."[2] Over the next few years, it is expected that roughly 2,500 members will be medically released each year. They make up most of the clients of Veterans Affairs Canada (VAC). The others leave voluntarily, and they are generally better off than the Canadian population as a whole, except for those discharged for "misconduct" or "unsatisfactory service."

When members of the Canadian Armed Forces (CAF) are ill or injured, whether or not the injury or illness is service-related, they may be medically released if their condition causes their long-term inability to be deployed with their unit. This release also means that responsibility for the member's rehabilitation and compensation will be transferred from the Department of National Defence (DND) to other stakeholders, in particular, VAC and the Service Income Security Insurance Plan (SISIP). The process that begins the moment a member becomes ill or injured can be complex, and the programs established to support the member's transition are numerous. As a result, it can be difficult for members, veterans and the public to navigate them.

The most recent studies show that approximately one third of veterans have difficulty transitioning to civilian life.[3] 60% of that one third who have a difficult transition were not

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1 Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs), *Evidence*, ACVA, 15 February 2018, 1105.

2 Government of Canada, Department of Finance, *Economic Action Plan 2014*, 11 February 2014, p. 223.

3 Van Til LD, Sweet J, Poirier A, McKinnon K, Sudom K, Dursun S, Pedlar D. *Well-Being of Canadian Regular Force Veterans, Findings from LASS 2016 Survey*. Charlottetown PE: Veterans Affairs Canada. Research Directorate Technical Report, 23 June 2017.

medically released."[4] Their exit from the CAF is most often due to the end of their contract, retirement, or simply the end of their voluntary commitment to the Reserve Force.

However, as pointed out by Dr. David Pedlar of the Canadian Institute for Military and Veteran Health Research, there is no clear definition of what is a successful transition:

> There is no internationally accepted construct for defining what successful transition is to life after military service, so I think we need one. I would recommend that the committee consider that. We need to think about what are the priorities or the areas of effort that we need to focus on, and they need to be defined....
>
> I like a seven-domain framework that defines the domains as employment and purpose of activity in life; health, with a number of dimensions; finances; housing; social integration; life skills preparedness; and, the social environment that veterans release into. If we don't have a framework, we don't have a comprehensive approach to understanding transition. You have to define a framework in order to identify what areas you want to measure....
>
> The final point I want to underline is that veterans' families also have to be part of this focus in terms of how we define transition and success.[5]

Coming up with such a framework is of course beyond the purview of the House of Commons Standing Committee on Veterans Affairs (the Committee). However, if VAC and its research partners were able to develop such a framework, as well as define measurable variables for achieving the objectives related to each of these seven domains, it would become much easier to distinguish programs that work from those that do not.

Recommendation 1

That Veterans Affairs Canada, in collaboration with the Department of National Defence, develop a comprehensive framework, including measurable variables, that would define the determinants of a successful transition.

The Committee members are aware of how frustrated some veterans are, as they believe that it is well known what improvements to the transition process are needed and that further study will not contribute much more to an understanding of the barriers that have been already identified. The National Defence and Canadian Forces Ombudsman,

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4 Dr. David Pedlar (Scientific Director, Canadian Institute for Military and Veteran Health Research), *Evidence*, ACVA, 1 February 2018, 1145.

5 Dr. David Pedlar (Scientific Director, Canadian Institute for Military and Veteran Health Research), *Evidence*, ACVA, 1 February 2018, 1105.

Gary Walbourne, gave voice to this impatience during his appearance before the Committee:

> This committee is currently studying the barriers to transition. The barriers are well known; hundreds of recommendations have been made to fix them by this committee and others over the course of successive governments.... Ladies and gentlemen of this committee, in 2010, Veterans Affairs Canada conducted a major survey on transition in concert with Statistics Canada. A related study with Statistics Canada was also done in 2012. The release of the results of another StatsCan survey of over 400 Canadian Armed Forces members, veterans, and their families on the subject of transition and well-being is anticipated this month. I can guarantee you that those results will tell us exactly what we know. Enough is enough.... They and we do not need another study into transition. We just need to do it. We know what needs to be done.[6]

Veterans Ombudsman Guy Parent, in more moderate terms, confirmed the perception that implementation of the recommendations made over the years has been slow: "I should also mention that the majority of my recommendations related to transition have not been acted upon. I'm not saying that progress has not occurred, what I am saying is that we are moving at a snail's pace."[7]

This Committee report can therefore not claim to make any grand revelations about how to solve the problems of veterans experiencing a difficult transition. What it can do is help keep the government aware of the persistent needs expressed by these veterans, as well as give voice to the frustration expressed by several witnesses during this study.

1. The Process Leading to a Medical Release[8]

Regular Force members are exempt from the *Canada Health Act*, and as a result it is the CAF that plays the role of a provincial health care system in their case. Reserve Force members continue to be covered by provincial plans. Ambulatory care—that is, care requiring only a short hospital stay—is provided by a network of approximately 40 military clinics serving CAF bases and wings. When CAF members have a health issue that requires specialized care the clinics cannot provide, they are directed to the appropriate civilian resources. In complex cases requiring the coordination of multi-disciplinary resources, their treatment is monitored by a case manager. Case managers are generally specialized nursing staff, and they work closely with the medical clinics.

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6 Mr. Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman), *Evidence*, ACVA, 13 February 2018, 1105.

7 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1140.

8 Parts of the description of the transition process are adapted from the June 2015 report by the House of Commons Standing Committee on Veterans Affairs, *Continuum of Transition Services*.

For mental health care, DND has implemented a network of seven Operational Trauma and Stress Support Centres (OTSSCs). They are located on military bases and primarily serve active duty CAF members. They are separate from the operational stress injury (OSI) clinics operated jointly by DND and VAC, which primarily serve veterans. As part of a tripartite agreement, active-duty members and veterans of both the CAF and the Royal Canadian Mounted Police (RCMP) can receive care from both the OTSSCs and the OSI clinics.

After their medical condition has stabilized, usually after several months, CAF members are assigned a "temporary medical category" for six months. They are assigned a "permanent medical category" once their condition has fully stabilized and it becomes apparent which tasks they could continue to accomplish, and which tasks their medical condition will prevent them from ever carrying out again.

Approximately 10% of those assigned a medical category have complex cases, and are transferred to one of the 24 Integrated Personnel Support Centres (IPSCs) that comprise the Joint Personnel Support Unit (JPSU). As members of the JPSU, they will receive ongoing clinical care, as well as peer support services for those with operational stress injuries. Approximately 50 CAF members who have suffered OSIs themselves are hired to provide this peer support.

It usually takes at least two successive six-month temporary categories before an accurate prognosis can be made, at which point a permanent medical category is assigned. In some complex cases, it may take up to two years for a permanent category to be assigned. This decision may be appealed by the CAF member.

If the permanent category they are assigned establishes that they can accomplish the tasks of their military occupation, CAF members can rejoin their unit. When their illness or injury results in more severe restrictions, CAF members may become unable to rejoin their unit. In that case, Military Careers Administration will determine whether the CAF member meets the principle of universality of service. The principle of universality of service requires that serving members must be able to be deployed with their unit to a theater of operations on short notice. If a member cannot be deployed because of a health problem and does not have a reasonable expectation of recovery, that member must be medically released.

If CAF members must be released for medical reasons due to their condition, they can continue working within the CAF for up to three years, even if they do not meet the conditions of universality of service. After that time, another six-month period finalizes their transition to civilian life.

To sum up, for CAF members whose injury or illness is severe enough to require a rehabilitation period and a transfer to the JPSU, it will generally take between one year and two years before a permanent medical category can be assigned. If it is established that they can accomplish the tasks of their military occupation, CAF members can rejoin their unit. The decision as to whether or not they meet the conditions of universality of service will usually take between six months and a year. If the decision is that the member has to be released for medical reasons, there will be at least a six-month period between the time of the decision, and the actual release date. Therefore, a two-year period is generally the earliest a CAF member will be released for medical reasons after an illness or an injury. Depending on the nature of the injury or illness, the time it takes to stabilize, the complexity of the member's rehabilitation needs, and the availability of civilian resources after the release, the transition process will usually last more than two years, and in certain cases can last up to five years after the injury or illness.

According to the National Institute for Disability Management and Research (NIDMAR), returning to meaningful professional activities as quickly as possible is the key to successful rehabilitation for people who have become disabled following an injury or illness. The CAF must therefore ensure that during this relatively lengthy period of pre-medical release, members are reassigned as soon as possible to meaningful activities. However, it is difficult to have a clear idea of what members are doing when they are being released for medical reasons during this period. In a previous study of the Committee, Mr. Wolfgang Zimmerman of NIDMAR warned against the temptation to keep injured members on long periods without offering them significant ways to fully reinvest in their work:

> What happens is that individuals who acquire a disability while in the service tend to stay within the Department of National Defence for an extended time. In many ways, that's similar to what the private sector would call "light duty", as opposed to taking concrete steps at intervention early on. What we know is that if you've been out of work, if you've lost your concrete attachment to an employer, by three months there's already a 25% likelihood that you will never be going back to work again. After two years, it's much worse. These individuals are kept within DND for a long time without any significant employment relationship. They're simply kept and paid within the department. Then, all of a sudden, after two to five years, they get discharged and they have to deal with VAC in rebuilding their lives.
>
> Once you've lost that attachment, once you go beyond six months, it is extremely difficult. In many cases, what started out as a physical injury is compounded by a psychosocial condition. It can also be a straightforward mental health challenge. That's why you need to look at triaging the individuals. This is what workers' compensation boards do. You look at it right up front and ask if there is a significant potential that an impaired individual may not go back. If that is the case, you need to look at intervening

> rather than dragging the process out for years. Past a point, as we know from global best practices, there's little hope of this individual ever going back to work.[9]

Recommendation 2

That the Department of National Defence regularly table to the Committee an analysis of the time it takes for members posted to the Joint Personnel Support Unit to go back to meaningful professional activities, and of the nature of these activities.

2. Joint Personnel Support Unit

The JPSU was created in 2009 in response to the growing number of military personnel wounded in Afghanistan.[10] Its mission was to "give ill and injured members the opportunity to recover, to return to duty, or to give them time and support to transition to civilian life."[11] However, according to Mr. Parent, the Veterans Ombudsman,

> Integrated Personnel Support Centres (IPSCs) only provide support to members with a complex medical release but only 10% of all medical releases are deemed complex. Those 10% receive the advantage of a tailored integrated transition plan and individualized support.[12]

Approximately 1,500 CAF members are currently assigned to the JPSU for a period of at least six months. The unit is also responsible for providing assistance and guidance to other ill and injured CAF members.

The JPSU has approximately 400 military and civilian employees assigned to one of the 24 Integrated Personnel Support Centres (IPSCs), and each IPSC location provides a full range of support services. The JPSU also has seven satellite centres. It has an annual budget of approximately $22 million.[13] The IPSCs oversee the "Caring for Our Own" program, whose ultimate aim is to see CAF members reintegrate and return to their full duties. In addition

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9 Mr. Wolfgang Zimmermann (Executive Director, National Institute of Disability Management and Research), *Evidence*, ACVA, 15 March 2012, 1645.

10 Brigadier-General Mark Misener (Commander, Joint Personnel Support Unit, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 15 February 2018, 1225.

11 Brigadier-General Mark Misener (Commander, Joint Personnel Support Unit, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 15 February 2018, 1110.

12 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1140.

13 Brigadier-General Mark Misener (Commander, Joint Personnel Support Unit, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 15 February 2018, 1230.

to Department of National Defence employees, approximately 130 VAC staff members work in the various IPSCs to assist CAF members in planning their transition.[14]

According to Commodore Sean Cantelon of Canadian Forces Morale and Welfare Services, a FAC member who has received a permanent medical category may be in breach of universality of service, but the decision to post that member to the JPSU will be based on circumstances.[15]

These circumstances are assessed based on the complexity of the ill or injured member's case: "All transitioning members require support, but the needs remain most acute for our ill and injured posted to the JPSU."[16] Mr. Parent expressed concerns about the appropriateness of limiting personalized monitoring for members assigned to the JPSU to complex cases: "Should not all releasing members have the opportunity to access the same standard of planning, coordination and monitoring during their transition if they need it?"[17]

Recommendation 3

That the Canadian Armed Forces, in cooperation with Veterans Affairs Canada, develop an integrated transition plan and provide personalized monitoring to all members being released.

Such a measure would also likely help members become more familiar with VAC services. According to General (Ret'd) Walter Natynczyk, Deputy Minister of Veterans Affairs:

> The vast majority actually come to us after they've released from the Canadian Armed Forces. In fact about 25% of our clientele come to us while they're still serving, another 25% come in that two years after they release, and then 50% come to us from about year two to year 50 or 60.[18]

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14 Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs), *Evidence*, ACVA, 15 February 2018, 1105.

15 Commodore Sean Cantelon (Director General, Canadian Forces Morale and Welfare Services, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 6 February 2018, 1240.

16 Brigadier-General Mark Misener (Commander, Joint Personnel Support Unit, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 15 February 2018, 1115.

17 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1140.

18 General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs), *Evidence*, ACVA, 20 March 2018, 1140.

If a personalized plan were developed for each releasing member, one part of this plan would likely involve completing all applications for services and benefits they could be entitled to prior to release.

2.1 JPSU's Negative Perception

During this study, witnesses were critical of the JPSU. For instance, during her testimony Cassandra Desmond quoted an unidentified officer as saying that "the staff are not equipped to deal with mental illnesses. They're not trained... [The JPSU] is a holding unit to get rid of soldiers that are not medically fit ... to put [ones who are] medically fit ... in their place."[19] Such perceptions can discourage members from voluntarily disclosing health problems.

2.2 Solutions to JPSU Staffing Problems

Barry Westholm, a former sergeant-major at the JPSU, told the Committee about the staffing problems there:

> From 2008 to 2014 the JPSU was given the Canadian Forces' lowest priority level, level 6. That the Canadian Forces gave the lowest priority to injured soldier transition may explain why we're having this discussion today and why there's been so much trauma inflicted upon transitioning soldiers, military families, and new veterans.[20]

Mr. Westholm told the Committee that the resulting staffing shortages have severely affected the quality of service: "The manning at the JPSU was just so overwhelmed that it couldn't cope with the basic needs of the people who were at the JPSU."[21] This was confirmed by Prof. Allan English from Queen's University:

> The CF had assigned JPSU the lowest staffing priority level—that is, level 6 on a scale of 1 to 6 ... and this virtually ensured that the military staff shortages would eventually impact negatively on their missions. This is a systemic problem that is based on the CF culture, where the teeth, the combat units of the organization, almost always receive staffing priority over the tail, the support units.[22]

The issues raised by Mr. Westholm and Prof. English may have contributed to this negative perception that wounded members have of the JPSU. According to a response by the

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19 Ms. Cassandra Desmond (Advocate, Desmond Family Tragedy Rally For Change, As an Individual), *Evidence*, ACVA, 22 March 2018, 1100.

20 Mr. Barry Westholm (As an Individual), *Evidence*, ACVA, 1 February 2018, 1110.

21 Mr. Barry Westholm (As an Individual), *Evidence*, ACVA, 1 February 2018, 1135.

22 Dr. Allan English (Professor, Queen's University, History Department, As an Individual), *Evidence*, ACVA, 1 February 2018, 1215.

Department of National Defence to a question asked in Committee, staffing priority was gradually raised between 2015 and 2017:

> When the Joint Personnel Support Unit (JPSU) was stood up, the posting priority was Priority 6. Over time, it became clear that a higher priority was required. The change in JPSU Headquarters and Regional Headquarters priority to Priority 2 occurred in October 2015. Integrated Personnel Support Centres (IPSCs) remained officially at Priority 6. Further, the Chief of the Defence Staff (CDS) issued direction in mid-2016 that JPSU would be manned at 100% (essentially a Priority 1). Given that the Canadian Armed Forces was undergoing a significant change in how it prioritizes postings – going from a Priority to a Category system – it took over a year to create and finalize the Category system and officially designate JPSU postings to what is now known as a Category B posting. Category B is the second highest level of priority for postings, with only operations postings rated higher. All of JPSU is now a Category B, including IPSCs, and manned to 100%, consistent with that CDS direction.[23]

According to Brigadier-General Misener, that has resulted in assigning 31 Regular Force members to the JPSU. Funding was also provided to hire civilian personnel in 2018.[24]

In accordance with the objectives set out in the Government of Canada's new defence policy in June 2017:

> ... A new transition group ... will be established over the next few years to provide professional, personalized, and standardized support to all Canadian Armed Forces members to seamlessly transition to post-military life and to ensure all benefits are in place before their transition, with particular attention paid to our ill and injured members. Support will also be provided to former veterans and their families to facilitate integration back into civilian life after service.[25]

Although this announcement was well received, it does not address implementation timing, as this policy outlines the defence objectives for the next 20 years. Before achieving the tangible results of this new transition group's initiatives, Mr. Westholm recommended that ill or injured members be appointed to senior positions to restore a degree of stability to the JPSU command:

> I think the JPSU went through five commanding officers within a year. That's unheard of. That's not a red flag: that's fireworks.... You have all of these talented injured soldiers

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23 "Government Response," Question 42.1-67 by Cathay Wagantall, ACVA, 15 February 2018.

24 Brigadier-General Mark Misener (Commander, Joint Personnel Support Unit, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 15 February 2018, 1115.

25 Brigadier-General Mark Misener (Commander, Joint Personnel Support Unit, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 15 February 2018, 1115.

> out there who would be perfect for a stable JPSU.... That's just inspirational to the youths. I think that's what they should be doing.[26]

Recommendation 4

That the Canadian Armed Forces provide to the Committee an analysis of the causes of the current instability in the senior ranks of the Joint Personnel Support Unit.

Recommendation 5

That the Canadian Armed Forces prioritize the appointment of ill or injured members to its senior ranks, and provide measurable targets to monitor its progress.

3. The Six Months Leading to a Medical Release

When the decision has been made to release a CAF member for medical reasons, the transition toward civilian life usually begins six months before the final release date. For complex cases, the first step is to develop an Integrated Transition Plan (ITP) in conjunction with the CAF member, their family members if they wish, and a case manager familiar with their medical history. The case manager's role is to coordinate medical, psychosocial, professional and financial resources to ensure that everything the CAF member will need in civilian life is put in place before their release.

CAF members who do not have a case manager following up with them regularly have a harder time understanding what transition services are available in the months leading to the transition. On the one hand, as the Veterans Ombudsman said, only 10% of medically released CAF members receive tailored follow-up that includes an Integrated Transition Plan.

On the other hand, Brigadier-General Misener seemed to indicate that proper monitoring procedures were in place for all releasing CAF members:

> I guess what I would say is that we do our very best to ensure that nobody is missed. I have instructed my commanding officers and my units to make sure that all the administration is in place and all the benefits are in place prior to anybody's releasing from the Canadian Armed Forces. I've told them to bring it up to my attention if it's a specific case, so that I can make sure that if we need to make any necessary changes, we do so.
>
> Sometimes unforeseen circumstances happen or, I guess I would say, errors are made—people are human. Unfortunately, it happens that somebody slips through the cracks,

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26 Mr. Barry Westholm (As an Individual), *Evidence*, ACVA, 1 February 2018, 1145.

> but we do our utmost to try to avoid that happening. We've put in place processes and release checklists to try to make sure that everybody goes through a very standardized process so that nobody is missed.[27]

It is difficult to reconcile his statement with the fact that only 25% of VAC clients apply before they leave the Canadian Armed Forces. It is therefore likely that Brigadier-General Misener's statement applies to those going through the transition process who are already working closely with the JPSU. Measures to prepare for the transition to civilian life that are offered to other releasing CAF members appear to be much more limited.

That is what the government acknowledged in its response to the Committee's second recommendation in its December 2017 report, entitled *Comparative Study of Services to Veterans in Other Jurisdictions*:

> [I]f the member is considered to have complex transition needs, an Integrated Transition Plan (ITP) is implemented. Created in conjunction with the releasing member and administered by the Integrated Personnel Support Centres, an ITP may run for a period of six months to a maximum of three years. The goal is to provide the member with sufficient time to complete the proposed pre-release plan in order to help address the factors identified in the evaluation of complexity. ITPs ensure that where possible, prior to release, required adjudications have occurred and releasing members have appropriate access to VAC benefits and services, Service Income Security Insurance Program (SISIP) financial benefits and services, as well as not-for-profit job related organizations, when applicable.[28]

As long as individuals are still on active duty, their medical services, both for physical and mental injuries, will continue to be provided by the Canadian Armed Forces. The issue is identifying civilian health care providers beforehand that CAF members can use once they are released, which can delay the release itself.

With regard to vocational rehabilitation, the Department of National Defence offers the Vocational Rehabilitation Program for Serving Members (VRPSM). This program gives medically releasing CAF members the opportunity to begin on-the-job training or an education upgrade program in the six months leading up to their release date. This program is often coordinated with the Service Income Security Insurance Plan (SISIP) Vocational Rehabilitation Plan, which takes effect once CAF members are released. The Canadian Armed Forces Morale and Welfare Services can also coordinate access to career transition services offered by third-party organizations.

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27 Brigadier-General Mark Misener (Commander, Joint Personnel Support Unit, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 15 February 2018, 1215.

28 ACVA, *Comparative Study of Services to Veterans in Other Jurisdictions*, December 2017.

Even though the financial benefits for which individuals could be eligible as a result of their injury or illness will not be paid out until the weeks following their release, the six-month period leading up to their release gives them an opportunity to fill out the required applications while they have access to all the relevant information, and remain on full salary within the CAF.

Members must apply for the Service Income Security Insurance Plan (SISIP) first, because it is the disability insurance program put in place by the employer (see section 5.1 below for program details). Under an agreement signed between the Treasury Board, the Department of National Defence and Veterans Affairs Canada, SISIP is the first payer, and anyone eligible for disability benefits must go to SISIP first.[29]

3.1 Relaxing the Principle of Universality of Service

When he appeared before the Committee, Mr. Westholm recommended that ill or injured CAF members be appointed to key positions within the JPSU. For that to be possible, the universality of service principle would have to be relaxed, as these CAF members could likely not be deployed to a theatre of operations. Retired Lieutenant-Colonel Brad White, from the Royal Canadian Legion, recalled that this practice had been used in the past:

> In the old days, we retained all sorts of people who were in the medical category and did very useful jobs in garrison for us as a regiment.
>
> There was always a place for them to be employed. But as the military reduced, those opportunities became less and less. If you want to take operational individuals and you want to move them out of the operational theatre so they get a break from operations, and they need a break from operations, what shore billet do you have to put them into if you don't have the spaces for it? It becomes a push-me, pull-me situation.
>
> I fully agree that accommodations can and should be made with universality of service.[30]

Veterans who were asked about relaxing this requirement when they appeared before the Committee did not hesitate to support it. Former Captain Hélène Le Scelleur, for example, had a hard time with the lack of accommodation she experienced as a result of this principle:

> The challenge for me and for other psychologically injured soldiers when we were still serving was the inflexibility of the principle of universality of military service. There were

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29 Mr. Phil Marcus (Vice-President, Operations and Support Service, Department of National Defence), *Evidence*, ACVA, 6 February 2018, 1145.

30 Mr. Brad White (National Executive Director, Dominion Command, Royal Canadian Legion), *Evidence*, ACVA, 1 February 2018, 1135.

> no conceivable accommodations to address the fact that our injuries kept us from handling firearms. This policy should be relaxed in order to ensure retention of military members within the Canadian Armed Forces. Many of us would still be serving today if it were not for this policy that forced our release, and that may, when all is said and done, have deterred people from seeking help during their service.[31]

According to retired Lieutenant-Colonel Noel Lipana, a veteran of the US Air Force, limited and very strict accommodations to the universality of service requirement in the American armed forces have been well received, overall:

> I think it's of value for several reasons, not the least of which is because that individual gets to model continued service for his or her fellow service members.... It also gives the member agency so that they have initiative and have input on what the trajectory of their transition is, whether it's to stay in or, later, to leave.[32]

For the time being, relaxing the universality of service rule is still being studied in Canada. However, according to Mr. Walbourne, it may help address prejudices about operational stress injuries:

> I think the Canadian Armed Forces under General Jon Vance had determined that there is value in these members. Yes, they might be ill or injured and might not be able to do everything, but they can bring value back to the organization. There's talk around looking at easing of universality of service, and I think that's a good thing. I think the assets we can hang onto are going to be tremendous.... There may be an opportunity where we could open that door a little further where people wouldn't feel so stigmatized or that this is the end of their career if they come forward.... I'm very pleased to see that the conversation has started.[33]

According to Commodore Cantelon, accommodations are still made within the Canadian Armed Forces, but it is done informally, which means the criteria for determining where the rule would not be strictly applied are somewhat ambiguous:

> In speaking to the larger part of universality of service, the [Chief of Defence Staff] has been very clear that we want to come with a more flexible approach that could address exactly that type of scenario. I can tell you we have serving members in the Canadian Armed Forces who are missing parts of their limbs who are fulfilling their daily duties

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31 Ms. Hélène Le Scelleur (Veteran Ambassador and Head of the Mentoring Program, Supporting Wounded Veterans Canada), *Evidence*, ACVA, 1 February 2018, 1225.

32 Mr. Noel Lipana (Former Lieutenant-Colonel, United States Air Force, As an Individual), *Evidence*, ACVA, 8 February 2018, 1250.

33 Mr. Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman), *Evidence*, ACVA, 13 February 2018, 1145.

> right now, but they're in breach of universality of service.... We need to better define this, and we're in the process of doing that.[34]

The first recommendation made in the Committee's December 2017 report, entitled *Comparative Study of Services to Veterans in Other Jurisdictions*, was for a more flexible approach in applying the principle of universality of service. As was the case regarding the reorganization of the transition process, the *Government Response* stated that the government would examine the issue:

> Following Canada's 2017 Defence Policy, *Strong, Secure, Engaged*, and in alignment with the committee's recommendation, the CAF is currently reviewing its policies and practices to examine how to retain some of these members—if they are still able to serve in some capacity—while still maintaining a deployable, combat-capable CAF.[35]

During his testimony, the Veterans Ombudsman raised a new idea that, if implemented, would likely lead to significant changes in how transition services are organized overall. According to Mr. Parent, all releases could be considered attributable to service: "One thing about universality of service is that if it exists as an approach and then you are forced out of the forces because you don't meet the universality of service, then you are in fact.... Your release, to me, is attributable to service."[36]

Committee members thought this was a hyperbolic interpretation of the principle of universality of service. Pushed a bit further, the argument could apply to all releases and would lose its meaning. Attribution to service should therefore be restricted to the injury or illness, not to the release. However, this argument has the merit of highlighting the dramatic difference between disability accommodation policies in the public service and the universality of service principle, which directly contradicts them.

Recommendation 6

That the Canadian Armed Forces apply a measure of flexibility to the principle of Universality of Service, and that a modified duty category for suitable members be established.

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34 Commodore Sean Cantelon (Director General, Canadian Forces Morale and Welfare Services, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 13 February 2018, 1225.

35 Government Response to the Standing Committee on Veterans Affairs' Eighth Report, entitled *Comparative Study of Services to Veterans in Other Jurisdictions*, "Government Response 1."

36 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1205.

The Canadian Armed Forces are the only federal institution where the principle of accommodating disabilities cannot be applied, and they are also the federal institution where the risk of an on-the-job injury is the highest.

One of the reasons that led to this distinction is that the Canadian Armed Forces are the employer for military members, while the Treasury Board is the employer for all other public servants in the core public administration. If Mr. Parent's idea was implemented, it would be equivalent to what was recommended by Wolfgang Zimmerman in his role as the Executive Director for the National Institute of Disability Management and Research when he appeared as a witness before the Senate Subcommittee on Veterans Affairs in 2010:

> [T]here needs to be a clear understanding, from our perspective, that the Government of Canada is the employer of disabled veterans and that it has an unequivocal responsibility for their continued employment.
>
> In our opinion, there is absolutely no valid reason, given the scope and scale of government operations, for not accommodating the overwhelming majority of disabled veterans within the diverse range of government departments.[37]

In other words, the Government of Canada should do everything in its power to accommodate medically released veterans by finding them positions that match their skill sets elsewhere in the federal public service—this burden should not fall solely on the shoulders of injured CAF members in transition.

3.2 Role of Veterans Affairs Canada

Since 1 July 2015, further to the coming into force of clause 218 of Bill C-59, *An Act to implement certain provisions of the budget tabled in Parliament on April 21, 2015 and other measures*, Veterans Affairs Canada has a legislative mandate allowing it to work with CAF members who are still serving. VAC case managers have been integrated into the IPSCs. As a result, CAF members can begin all the assessment processes with VAC before their release and submit applications for benefits quickly. However, there are differences in the profiles and qualifications for VAC and DND case managers, which can lead to confusion during the transition process. The Veterans Ombudsman, Guy Parent, has recommended for years that major decisions regarding release be made by a single authority recognized by both departments.[38]

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37 Mr. Wolfgang Zimmerman (Executive Director, National Institute of Disability Management and Research), *Evidence*, Senate Subcommittee on Veterans Affairs, 15 December 2010, page 9:6.

38 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 23 April 2015, 0955.

3.2.1 Second Career Assistance Network Program

Several weeks before their planned release date, all members leaving the Canadian Armed Forces are invited to participate in the Second Career Assistance Network (SCAN) program. For CAF members who are leaving voluntarily, the seminars are given over a two-day period, and they can choose which presentations they would like to attend. For CAF members being released for medical reasons, the seminars are condensed and given in a single day. VAC gives one of the presentations that is part of the SCAN program. CAF members are strongly encouraged to attend the seminars, but attendance is not mandatory. Spouses are also invited to attend, especially if the release is for medical reasons.

3.2.2 Transition Interview

CAF members preparing to be released voluntarily are encouraged to participate in a transition interview. A questionnaire is administered by a VAC client service agent to attempt to establish whether they may have health care needs that have not yet been identified. For members being released for medical reasons it is mandatory and involves a more in-depth interview with a VAC case manager.

CAF members can request a copy of their medical file during the transition interview, which can help expedite the application process for services and financial benefits. According to Elizabeth Douglas, Director General, Service Delivery and Program Management at VAC, "a little bit over 90% of medically releasing members get VAC transition interviews."[39]

Once CAF members have been released, it is more difficult to access their medical information quickly. If a veteran applies for VAC services or benefits in the months following their release, VAC will obtain their file directly from the Canadian Armed Forces. In the year after members are released, the CAF send their medical files to Library and Archives Canada. If a veteran applies for benefits after one year, VAC can obtain a copy of the file on the veteran's behalf.[40] In all cases, pursuant to the *Privacy Act*, all information provided to VAC must have references to third parties removed.

In its June 2014 report on the New Veterans Charter, the Committee had recommended that "military members seriously disabled as a result of service not be medically released

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39 Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs), *Evidence*, ACVA, 15 February 2018, 1130.

40 Mr. Mark Roy (Acting Director, Case Management and Support Services, Department of Veterans Affairs), *Evidence*, ACVA, 15 February 2018, 1255.

until [...] the individual's medical records have been transferred to Veterans Affairs Canada in accordance with privacy legislation, and an official copy of the medical files has been given to the veteran [...]." In a May 2015 update, status of VAC's action on this recommendation was "In Progress."

3.2.3 Responsibility for the Attribution to Service

For two years, Mr. Walbourne has been saying that the decision to attribute the cause or the aggravation of an injury or illness to military service should fall to the Department of National Defence. He reiterated this recommendation emphatically when he appeared before the Committee:

> [T]he Canadian Armed Forces knows when, where, and how you have become ill or injured. The Canadian Armed Forces should tell Veterans Affairs Canada that the illness or injury is attributable to their service, and this determination be accepted. This recommendation would significantly decrease wait times for veteran services and benefits. I made this recommendation in 2016, and Veterans Affairs Canada and the Canadian Armed Forces keep passing the hot potato back and forth, creating some very fanciful excuses as to why it cannot or should not be done. The only thing they seem to agree on is maintaining the status quo at all costs. That is a problem of bureaucracy; it serves itself.[41]

Mr. Walbourne said he had not received a satisfactory response about why it is not possible to implement this kind of recommendation:

> I've had two responses, and both of them are different. They both have little nuances inside that are different in the response, but, again, I do not have a clear, concise response as to why it cannot be implemented. I keep hearing that legislation would have to change. I don't think so. I think we have opportunity there that we don't have to do that, but if we do, then let's do that. That's what we're all here for. I haven't got a clear answer for you. I'm sorry, but that's where we find ourselves today.[42]

Michel Doiron, Assistant Deputy Minister, Service Delivery, VAC, provided an explanation about why the Department disagreed with the recommendation of the Ombudsman, National Defence and Canadian Forces Ombudsman:

> I disagree with the ombudsman at CAF, because I think 25% of our veteran clients come out of the Canadian Armed Forces, and 75% come afterwards. You want to have a consistent way of dealing with them. You don't want one person doing the adjudication

41 Mr. Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman), *Evidence*, ACVA, 13 February 2018, 1105.

42 Mr. Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman), *Evidence*, ACVA, 13 February 2018, 1115.

> one way and another group doing it another way, and then you have two or three different classes of veterans.[43]

In other words, if the CAF made the attribution to service designation, it would simplify matters in only one quarter of files. Ms. Douglas put it this way: "We find it better to give that thorough understanding of the illness and the injury when it comes to VAC."[44]

VAC's role goes beyond making the attributable to service designation. The Department must also determine a CAF member or veteran's level of disability. CAF members and veterans who submit claims often contest the decision on their level of disability, not on the service attribution.

Mr. Doiron also indicated that CAF doctors made it more difficult for VAC by not systematically filling out the paperwork that VAC could use to easily confirm whether an injury or illness is attributable to service:

> That said, I do think the doctors at CAF—and that's why we're working with them very hard—should be diagnosing the injury. If they do a CF 98, the check mark you're talking about, we're into a different realm, but often they don't fill it out. The CF 98 is the form used when you have been injured.
>
> I have a nephew in the Canadian Armed Forces, and I asked him about it. He is a pilot, and he told me he wouldn't fill it out unless he could not report to duty, so there is still that mentality.
>
> But if they do their diagnosis, you have the CF 98, our job is way easier at the other end.[45]

Form CF 98 can be filled out by the ill or injured CAF member and a reporting officer to provide an explanation of the circumstances of an incident likely to affect the mental or physical health of a CAF member. It also serves the purpose of encouraging officers to inform CAF members of the VAC benefits they may be entitled to and informing reservists that they have the option of submitting a claim under the New Veterans Charter or the *Government Employees Compensation Act*.

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43 Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs), *Evidence*, ACVA, 20 March 2018, 1250.

44 Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs), *Evidence*, ACVA, 15 February 2018, 1130.

45 Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs), *Evidence*, ACVA, 20 March 2018, 1250.

Since June 2015, VAC has also been responsible for the attribution to service determination for medically released CAF members hoping to take advantage of the priority hiring status in the federal public service. Under this program, 592 veterans have been hired in the public service, including 33 within VAC.[46] The Department created a special unit whose primary role is to facilitate hiring veterans within the public service.[47] Of the 2,635 VAC employees as of 31 March 2017, "there were 119 VAC employees who have self-identified as being current or former Canadian Armed Forces (CAF) members."[48]

Recommendation 7

That the Government of Canada make the Department of National Defence responsible for the decision to attribute the cause or aggravation of an injury or illness to military service.

Recommendation 8

That the Canadian Armed Forces provide more stringent guidelines to strongly encourage Canadian Armed Forces members, officers and medical personnel to fill out the *Report of Injury, Disease or Illness* (Form CF 98, see Appendix).

3.2.4 Properly Inform Veterans

Veterans' complaints about long processing times are well known. Even in situations when the Department is unable to respect the 16-week service standard it set for itself, it could do more to address the frustrations experienced by veterans during their transition period. According to Mr. Parent, simply informing veterans of the actual processing times when they submit their applications would help:

> It has to do with turnaround times and the time it takes for an application to be resolved. We certainly appreciate that Veterans Affairs Canada may have a standard for service. But if they cannot meet that standard, at least people who are applying for benefits should be informed that it is such a situation. I think that's an important aspect, because then you create expectations that you will be delivered a service within 16 weeks when, in fact, it may be at 24 weeks. The important part is for the people to

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46 Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs), *Evidence*, ACVA, 6 February 2018, 1150.

47 Ms. Faith McIntyre (Director General, Policy and Research Division, Strategic Policy and Commemoration, Department of Veterans Affairs), *Evidence*, ACVA, 1 March 2018, 1230.

48 Veterans Affairs Canada, "Facts and Figures," see note at Table 12.1.

know that this is right now the reality and that it's going to take that long for your application to be looked at.[49]

Recommendation 9

That Veterans Affairs Canada, when it receives an application for benefits or services, inform the applicant of the approximate time required to process the request, and inform the applicant when the delay is extended.

3.3 Concierge Service

In its December 2016 report, the Committee's 11th recommendation proposed creating a "concierge service" where one individual would serve as the single point of contact for medically releasing CAF members and would coordinate the services offered by Canadian Armed Forces and Veterans Affairs Canada before, during and after the member's release.[50] This recommendation was further to a similar recommendation made by the National Defence and Canadian Forces Ombudsman.

In its Response of 6 April 2017 to the Committee's recommendation, the government wrote the following:

> The recommendation aligns in principle with the guided support project currently being piloted by Veterans Affairs Canada. Guided support means Veterans and their families are fully managed by one individual who becomes their primary point of contact at Veterans Affairs Canada. Veterans Affairs Canada and the Canadian Armed Forces are working together to establish a unified and integrated transition process, to support the re-establishment in civilian life for all releasing members and their families.[51]

One year later, on 20 March 2018, when he appeared before the Committee, the Minister of Veterans Affairs, the Hon. Seamus O'Regan, added:

> This month, the department is wrapping up a six-month pilot called guided support. The program assigned a veteran service agent to be the main point of contact at the department for a veteran. The agent gets to know the veteran, their family situation, and their needs and then determines what programs, benefits, and services they're

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49 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1155.

50 ACVA, *Reaching out: Improving Service Delivery to Canadian Veterans*, December 2016, Recommendation 11.

51 Government Response to ACVA, *Reaching out: Improving Service Delivery to Canadian Veterans*, December 2016, Recommendation 11.

> eligible for. The agent helps the veteran navigate through the department's application and delivery system, and coordinates services.[52]

This progress is welcome, and a number of witnesses highlighted the shift from a service delivery model where the burden of following procedures lies entirely on the shoulders of veterans to a model where VAC can proactively offer services and benefits to veterans who may be eligible. Former Master-Corporal Alannah Gilmore, for example, made the following comment about the progress made: "I know that things have changed in the last couple of years. I'm actually seeing improvement, which is great. It looks like we're leaving that old mentality of "Guilty first: prove that you are truly injured afterwards." I'm very thankful, because that's not the direction anyone should ever take—ever."[53]

However, the culture shift demonstrated by the VAC pilot project addresses only the part of the recommendation under VAC's purview. According to Mr. Walbourne, the concierge service is not available while CAF members are still serving: "when I was talking about the concierge service, I was talking about something that was to be embedded inside the Canadian Armed Forces. General Jonathan Vance is looking at this type of service in the program called 'the journey.'"[54] Progress appears to have been made within VAC on this matter, but integrating transition services seems to still be at the planning stage within the Canadian Armed Forces.

Mr. Walbourne was pleased to hear that the Canadian Armed Forces intended to offer transition services to all CAF members in transition, and not only to ill or injured members. However, as is the case for all matters addressed by the new defence policy, he was concerned about the timelines for implementing these initiatives:

> My concern ... is with some of the timelines. We're looking at 2020, 2022, 2025. This is why I say we need to hold people accountable to what they have committed they would do, have measurable goals that we can review on a regular basis, and question why we're either meeting or not meeting that target.[55]

Broadly speaking, implementing the various recommendations to improve transition services is a step in the right direction, but it is still difficult to say when tangible results will be available. The Veterans Ombudsman shared his vision of what the transition process should look like:

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52 The Hon. Seamus O'Regan (Minister of Veterans Affairs), *Evidence*, ACVA, 20 March 2018, 1105.

53 Ms. Alannah Gilmore (As an Individual), *Evidence*, ACVA, 27 March 2018, 1225.

54 Mr. Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman), *Evidence*, ACVA, 13 February 2018, 1115.

55 Mr. Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman), *Evidence*, ACVA, 13 February 2018, 1120.

> As well, it would include a real live person—or navigator—who would be assigned to all regular and reserve force members, whether medically releasing or not, to help fill out forms, plan members' release, provide advice on organizations that may offer support, and provide follow-up after release at predetermined intervals to ensure evolving needs are met. It would also include a single program for vocational rehabilitation and long-term disability that offers a professional counsellor to help determine the education, training, or employment needs of the member, as well as to assist them in finding a new purpose in life. It also would include issuing to every releasing member a veterans ID card that recognizes their service.[56]

This vision integrates most of the key recommendations on the transition process that have been made in recent years. It could be seen as a sort of road map to measure the progress made toward the key objectives the Government of Canada has committed to achieving.

3.4 The Transition for Reservists and Veterans Who Were Not Medically Released

Up until this point in the report, nearly everything that has been said applies solely to members and veterans of the Regular Force. Reserve Force members face unique challenges with respect to transition. According to Mr. Doiron, approximately 5,000 reservists leave the Canadian Armed Forces every year.[57] The first difficulty is knowing which reservists may need tailored follow-up during the transition period. According to Mr. Parent, the level of service available to reservists depends primarily on which unit they are part of:

> There are only 24 integrated personnel support centres across the country, whereas there are 263 reserve units. This means that reserve force members have to rely on the support of their units to facilitate the transition process. This results in reservists being offered varying levels of expertise and service. In my opinion, that is not good enough.[58]

Mr. Parent's vision for the transition process also includes stronger support to meet the needs of reservists:

> I envision a transition process for all releasing members, regular and reserve, medically and non-medically released, that would have elements similar to those of the recruiting process, including transition centres across the country that are accountable to one

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56 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1145.

57 Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs), *Evidence*, ACVA, 20 March 2018, 1245.

58 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1145.

> authority and offer a single point of access for all releasing members, which would ensure that all benefits are in place at release.[59]

Similar to reservists, non-medically released veterans have access to only limited support when they are still serving. It is up to them to follow up, as VAC has very limited means of reaching them. This issue was raised during the Committee's *Comparative Study of Services to Veterans in Other Jurisdictions*, tabled in December 2017. Recommendation 6 of this report proposed having all recruits sign up for a "My VAC Account" when they enlist. The *Government Response* states that "VAC and DND/CAF are currently exploring ways to regularly register new CAF recruits for My VAC Account following basic training."

Retired Corporal Aaron Bédard, one of the veterans involved in the Equitas lawsuit against the Government of Canada, shared another recommendation that would help achieve the same objective:

> I've been pushing for six years to have dog tags that have a microchip. Whatever place they're at, all the information will be put there, because when someone gets hit overseas and then they go to Landstuhl and then to another hospital here, the paperwork's not following. As a result, they're not then getting covered for benefits and are going through battles to try to prove it.[60]

The information embedded electronically in military identity discs (dog tags) could be sent to VAC upon release. It could also be useful for identifying homeless veterans.[61]

Recommendation 10

That the Canadian Armed Forces (CAF) add an electronic device to military identity discs to make it easier to transfer information over multiple deployments, and that the information on this device be sent to Veterans Affairs Canada when a CAF member is released.

3.5 Participation by Family Members

Robert Cormier of Veterans Affairs Canada summed up the family's key role in the transition process when he said that "families are, in many cases, the first source of

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59 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1145.

60 Mr. Aaron Bedard (Representative, Equitas Society), *Evidence*, ACVA, 22 March 2018, 1200.

61 LGen (Ret'd) Stuart Beare (Chair of the Board, Soldiers Helping Soldiers), *Evidence*, ACVA, 27 March 2018, 1215.

support for veterans and are integral to successful recovery."[62] However, as Professor Deborah Norris of Mount Saint Vincent University noted, "If the family is struggling, the veteran will as well, and this, of course, would be a significant barrier to health and well-being through the military to civilian transition."[63] According to research by the Department of National Defence, the "[s]pousal caregiver burden was also found to play a major role in the path between the members' health and well-being and the spousal health and well-being."[64]

The Department's main difficulty lies in finding the right balance between a veteran's freedom to involve family members in the transition process or not, and the desire of some family members to participate more actively, even against the veteran's wishes. "Don't make him volunteer to bring me in. Bring me in," said Sherri Elms, whose husband committed suicide in November 2014.[65]

The Caregiver Recognition Benefit is a first step in this direction as it is the first VAC benefit to be paid directly to a caregiver. However, it is available only to persons who are caring for veterans with serious disabilities. Family members can also obtain psychological support and other counselling services free of charge from the VAC Assistance Service.

As Mr. Cormier noted, there are limits to what VAC can do to encourage family participation:

> The member may not want the family to be involved. We do confront that, unfortunately. We strongly encourage members to include their spouses and husbands in the transition process. There are times, however, when the member chooses not [to]. Unfortunately, we have to respect that. We continue to urge the member to include or at least make sure the family is involved.[66]

Another type of support that VAC can provide is training for veterans' spouses and caregivers to better prepare them for possible mental health problems later on. Teresa Untereiner did not anticipate how her husband's difficulties affected the entire family:

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62 Mr. Robert Cormier (Director of Field Operations, Strategic Affairs, Department of Veterans Affairs), *Evidence*, ACVA, 1 March 2018, 1130.

63 Ms. Deborah Norris (Associate, Mount Saint Vincent University), *Evidence*, ACVA, 1 February 2018, 1220.

64 Dr. Alla Skomorovsky (Department of National Defence), *Evidence*, ACVA, 1 March 2018, 1110.

65 Ms. Sherri Elms (As an Individual), *Evidence*, ACVA, 22 March 2018, 1150; see also comments by Ms. Hélène Le Scelleur (Veteran Ambassador and Head of the Mentoring Program, Supporting Wounded Veterans Canada), *Evidence*, ACVA, 1 February 2018, 1255.

66 Mr. Robert Cormier (Director of Field Operations, Strategic Affairs, Department of Veterans Affairs), *Evidence*, ACVA, 1 March 2018, 1215.

> I have given up my life and the majority of my dreams. I gave up many opportunities for careers, because I couldn't leave Dave alone with our twins for more than a couple of hours at a time. I didn't know his disability would be that impactful on my life, and that leads into my own personal sense of shame and stigma because I haven't had a career. I've tried many, and they've had to be halted at many different intervals throughout the last 15 years that we've been together.[67]

As Jenny Migneault, a member of the VAC family advisory committee, explained, "Our biggest problem is the lack of education and support.... Help me protect myself and the family. Help me be a better caregiver, and I will provide a better environment for the wounded to give him the motivation to fight whatever he has to fight for him to have a quality of life."[68]

A study by the Office of the Veterans Ombudsman also showed that families suffer from isolation:

> [F]amilies didn't get much information during the transition process....They said if they had known what they knew now they would have engaged their partners and families throughout the transition process. So, more support to those families with information and support during the transition process would be helpful, too.[69]

VAC and the Department of National Defence have introduced a number of initiatives to integrate family members into the transition process more effectively. For example, as Commodore Cantelon explained, the Veteran Family Program has made the Military Family Resource Centres (MFRCs) available to medically released veterans and their families.

> As of April 1, 2018, all medically releasing members of the Canadian Armed Forces and their respective families will be eligible to access the veteran family program through all access points, such as the MFRCs, the family information line, and CAFconnection.ca. There is no specific end date to their eligibility. The focus is to support their transition to civilian services and programs.[70]

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67 Ms. Teresa Untereiner (As an Individual), *Evidence*, ACVA, 27 February 2018, 1235.

68 Ms. Jenny Migneault (As an Individual), *Evidence*, ACVA, 27 February 2018, 1250.

69 Ms. Sharon Squire (Deputy Veterans Ombudsman, Executive Director, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1155.

70 Commodore Sean Cantelon (Director General, Canadian Forces Morale and Welfare Services, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 13 February 2018, 1220.

Recommendation 11

That Veterans Affairs Canada and the Canadian Armed Forces provide, through the Military Families Resource Centres, programs for spouses and family members on the challenges they may face during and after the military members' transition to civilian life.

4. The Spiritual and Social Side of Transition

As part of the Committee's report on mental health tabled in June 2017, members heard very moving testimony about the loss of identity that accompanies an involuntary departure from the Canadian Armed Forces. Dr. David Pedlar of the Canadian Institute for Military and Veterans Health Research described the situation succinctly: "This shift from military to post-military identity is a challenge for most, but can be profoundly disorienting for some, especially when their release is unplanned or undesired."[71] For many service members, leaving the military can mean losing their identity and their vocation, and their families may have to deal with a series of challenges at a time when the service members are not at their best.

Ms. Le Scelleur, who also testified during the committee's mental health study, spoke again on veterans' challenges during the transition period: "What veterans fear the most when they leave the Canadian Armed Forces is isolation, the loss of their community, and lack of purpose."[72]

Former Corporal Glen Kirkland has repeatedly been hailed as a veteran who made a successful transition, yet he has some very painful memories of this period:

> The transition from military to civilian life was horrific, when I was asked to go to take university courses, to stay in the military right up until graduation, and then they informed me that I would not be able to hold those positions. All that effort was for nought. What has got me into this position where I am considered a success? I think it's hard work, determination, and putting my health and mental wellness second to nothing else.[73]
>
> I got denied a benefit and the exact reasoning was, well, how can my injuries be affecting me very much if I can be a successful real estate agent. But they don't see that I wake up and I smell burnt hair and I hear the screams of my friends who died feet

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71 Mr. David Pedlar (Scientific Director, Canadian Institute for Military and Veterans Health Research), *Evidence*, ACVA, 1 February 2018, 1105.

72 Ms. Hélène Le Scelleur (Veteran Ambassador and Head of the Mentoring Program, Supporting Wounded Veterans Canada), *Evidence*, ACVA, 1 February 2018, 1225.

73 Mr. Glen Kirkland (As an Individual), *Evidence*, ACVA, 22 March 2018, 1230.

> away from me. They don't understand that it really sucks to not be able to see out of one eye or that I pick out chunks of metal out of my face every morning when I shave.[74]

Former Corporal Mark Fuchko explained that he felt pressured during the transition period to make decisions he was not ready to make:

> Going through, there's a certain window in which a member has to make a step towards transition to actually access these programs. That is incredibly difficult, especially when you are recovering from mental or physical wounds. You might not be in a headspace that allows you to participate in these programs because you're not ready. It's just too overwhelming. It can be quite challenging.[75]

Debbie Lowther, the co-founder of VETS Canada, a charitable organization that offers immediate assistance to homeless or at-risk veterans, described how the loss of a strong social network can contribute to a downward spiral into homelessness:

> We learned that the top three reasons [leading to a crisis] were financial instability; health concerns, both physical and mental; and lack of social support. What surprised us was that, overwhelmingly, more people identified the lack of a social support network as their biggest obstacle. One veteran made a comment that resonated with me. He stated that when he was serving he felt that he was a member of a family, and when he took off his uniform he became an orphan.[76]

The Canadian Armed Forces is beginning to pay greater attention to the spiritual and existential side of the transition. Colonel Sylvain Maurais of the CAF Chaplaincy Services welcomed this new focus: "A trial run is going to happen very quickly for a comprehensive approach whereby we can best support people in transition. Chaplains have a key role in this, because people can talk to us and we can tell their stories."[77]

A number of witnesses advocated taking a comprehensive approach that reflects all aspects of a person's life. Nora Spinks of the Vanier Institute of the Family described what she called the eight key areas of the transition process: "To give them to you in no particular order, they are financial, physical, emotional, social, professional, psychological, familial, and, for some, medical."[78] She stated that veterans are ill prepared to deal with most of these areas, especially those who enlisted early, because they did not have to

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74 Mr. Glen Kirkland (As an Individual), *Evidence*, ACVA, 22 March 2018, 1250.

75 Mr. Mark Fuchko (As an Individual), *Evidence*, ACVA, 8 February 2018, 1110; see similar comments by Ms. Alannah Gilmore (As an Individual), *Evidence*, ACVA, 27 March 2018, 1235.

76 Ms. Debbie Lowther (Chair and Co-founder, VETS Canada), *Evidence*, ACVA, 8 February 2018, 1220.

77 Colonel Sylvain Maurais (Department of National Defence), *Evidence*, ACVA, 1 March 2018, 1225.

78 Ms. Nora Spinks (Chief Executive Officer, Vanier Institute of the Family), *Evidence*, ACVA, 8 February 2018, 1115.

develop the independence needed to function in civilian life. Ms. Spinks recommended that, as part of the transition process, releasing members should receive military-specific training in certain aspects of civilian life such as financial literacy and approaches to self-care, and in more intangible aspects such as forging strong emotional and social relationships. This kind of training is sometimes available, but mainly to medically releasing CAF members.

These remarks are consistent with those of Ms. Le Scelleur, who said, "I would recommend that this Committee consider having training for veterans before they go out into the civilian world. Training would include some of the social and financial aspects of it. They need something to get prepared to go back into the civilian world."[79]

This recommendation would address the concerns of a veteran whom Mr. Parent quoted in his testimony: "The biggest part I'm struggling with is integrating into an unfamiliar society [and] culture where the social behaviours [and] norms I've learned from 15...years in the [Canadian Armed Forces] aren't applicable."[80]

Recommendation 12

That the Canadian Armed Forces, in cooperation with Veterans Affairs Canada, offer training to all releasing members and members of their families to prepare them for civilian life.

5. After Release

When the CAF decide to medically release a service member, it does not determine whether the medical condition leading to release is service-related or not. Whether the condition resulted from a military operation or a personal activity does not change the fact that the person can no longer perform military duties. The connection between the medical condition and military service is not relevant to CAF operations.

However, this connection does become relevant after release because it determines the federal government's responsibility to support and compensate people whose physical, mental and professional capacities have been affected by their service to their country. VAC assumes this responsibility, and that is why its programs are based on the

79 Ms. Hélène Le Scelleur (Veteran Ambassador and Head of the Mentoring Program, Supporting Wounded Veterans Canada), *Evidence*, ACVA, 1 February 2018, 1240.

80 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1145.

requirement to determine whether a veteran's situation is the result of military service rather than other risk factors that are common to all Canadians.

5.1 Service Income Security Insurance Plan and Income Replacement Measures

SISIP Financial provides CAF members with life insurance, disability insurance and vocational rehabilitation services. SISIP is an entity of the Department of National Defence and offers its products and services through Manulife Financial. SISIP's key programs are the Long-Term Disability Plan (LTDP) and the related Vocational Rehabilitation Program. In cases of serious physical injury, SISIP also offers accidental dismemberment insurance, which provides coverage of up to $250,000 and can be received concurrently with the disability award. Premiums for the accidental dismemberment insurance are paid by the federal government.[81]

The LTDP was introduced in 1969 as a voluntary program for medical releases not attributable to military service. As the committee noted in its June 2014 report:

> At the outset, benefits were equal to 60% of the member's pay at release, plus 5% for each dependent child, up to a maximum of 75%. It was then found that veterans who had been released for medical reasons not attributable to military service had an advantage over some veterans who had been released for medical reason attributable to military service but were receiving only disability benefits. As a result, the SISIP was then extended to all medical releases, whether the disability was attributable to military service or not. Then, benefits were capped at 75% of the member's pay at release, regardless of their family situation. Since 1995, benefits stop when the veteran reaches age 65. Prior to 1995, SISIP long-term disability benefits were payable for life.[82]

Whether their disability is service-related or not, all medically releasing CAF members will automatically be eligible for SISIP disability benefits for up to two years following their release.[83] During this period, SISIP pays the greater share of the benefits and takes care of vocational rehabilitation, while VAC handles medical and psychosocial rehabilitation at the request of the released CAF member.

Since medically releasing CAF members are automatically eligible for SISIP disability benefits, the plan does not involve the challenges and longer wait times posed by the VAC system. "We are quite fortunate: 87% of the clients will know they've been pre-approved

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81 Commodore Sean Cantelon (Director General, Canadian Forces Morale and Welfare Services, Military Personnel Command, Department of National Defence), *Evidence*, ACVA, 6 February 2018, 1120.

82 House of Commons, ACVA, *The New Veterans Charter: Moving Forward*, June 2014, p. 15.

83 Mr. Phil Marcus (Associate Vice-President, Operations Policy and Product Management, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0905.

prior to their date of release, so most of them know they can expect a payment within a month."[84]

When the Earnings Loss Benefit (ELB) was introduced following the adoption of the New Veterans Charter in 2005, it also covered 75% of a member's pre-release salary. The initial objective of the ELB was to offer an income replacement measure similar to SISIP, but for veterans who were not medically released and whose needs emerged after they left the CAF. To be eligible, veterans had to participate in a rehabilitation program approved by the department. The ELB was therefore a key incentive to begin the rehabilitation process.

Providing the same coverage under SISIP as under the ELB – 75% of a member's pre-release salary – allowed for a clear separation between the two programs. SISIP paid this amount to medically released veterans, and VAC paid it to other veterans. The two benefits could not be received concurrently.

As of 1 October 2016, the ELB pays 90% of the pre-release salary. As SISIP already pays 75% of the pre-release salary during the first two years following release, VAC's Earnings Loss Benefit increases this amount by 15% for veterans who have medically released and/or who have a VAC-approved rehabilitation plan.

Approximately one and a half year after a medical release, SISIP arranges a medical assessment to determine whether the veteran is temporarily incapacitated or totally and permanently incapacitated. If SISIP finds that the veteran is not totally and permanently incapacitated, it will halt benefits and vocational rehabilitation at the end of 24 months following release from the CAF.[85]

If, two years following medical release, the veteran is not totally and permanently incapacitated, and has not found gainful employment in the civilian world, that person will still have access to VAC's vocational rehabilitation program and the department can pay the Earnings Loss Benefit until the person becomes employable once again.

If, two years following medical release, SISIP finds that the incapacity is total and permanent and prevents the veteran from finding gainful employment, it will continue to pay 75% of salary until the veteran turns 65, and VAC will pay the 15% top-up until the same age.

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84 Ms. Kathleen McIlwham (Vice-President, Wellness, Disability and Life, Manulife Financial), *Evidence*, ACVA, 6 February 2018, 1120.

85 Mr. Phil Marcus (Vice-President, Operations and Support Service, Department of National Defence), *Evidence*, ACVA, 6 February 2018, 1145.

When a veteran reaches age 65, the retirement income security benefit will ensure that the veteran does not earn less than 70% of what the VAC paid in income replacement measures up to that age.

In the case of SISIP benefits and VAC's Earnings Loss Benefit, any other form of income will reduce benefits by the equivalent amount. However, exceptions are allowed while veterans are participating in a rehabilitation program.

Before this increase was introduced, medically released veterans had less incentive to apply for this benefit because SISIP already paid the same amount. As of October 2016, all medically released veterans have an incentive to apply for the Earnings Loss Benefit, which has resulted in an increase in the applications that VAC must process.

One of the conditions for receiving the 15% increase now paid under the ELB is that the problem resulting in the need for rehabilitation must be primarily service-related. If VAC paid a disability award for the problem that led to a medical release, the department recognizes that the need for rehabilitation is primarily service-related and no further assessment is required. Given that receiving a disability award is the best proof that the difficulty which led to a medical release was mainly service-related, the increase in the ELB may have increased the number of applications for the disability award.[86]

Veterans who were medically released for non-service-related reasons can also receive the increased ELB if they can prove they are having difficulty making a successful transition. This may also have increased the number of applications to VAC, as VAC must have determined that a medical release was not service-related, because the CAF do not make that determination. Therefore, an application must have been made to either the Disability Award Program or the Rehabilitation Program in order for VAC to make that determination.

If Bill C-74, *Budget Implementation Act, 2018, No. 1*, tabled on 27 March 2018, is passed in its current form, veterans who were medically released for non-service-related reasons will no longer receive the ELB as of April 2019 (the ELB will be renamed the "income replacement benefit"). As of April 2024, veterans who were medically released for non-service-related reasons will no longer be eligible for VAC's Rehabilitation Program.

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86 Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs), *Evidence*, ACVA, 6 February 2018, 1125.

5.2 SISIP's Vocational Rehabilitation Program and VAC's Vocational Rehabilitation Program

SISIP's Vocational Rehabilitation Program helps participants enhance their vocational skills so that they can find gainful employment in the civilian world.[87] The program is based on the skills acquired in the CAF and is fairly restrictive regarding opportunities to retrain in a new field.

The VAC's Vocational Rehabilitation Program is more flexible in its evaluation of claimable expenses. The program is not available to medically released veterans until 24 months have elapsed, during which time they are eligible for the SISIP program. Veterans who were not medically released but have had difficulties during their transition can access the program once their application has been approved.

Reimbursement of tuition fees is the main financial component of SISIP's Vocational Rehabilitation Program and it has a limit of $25,000 for the duration of the program. VAC's Vocational Rehabilitation Program reimburses up to $75,800 for the duration of the program, including tuition, school supplies, travel, and some parking and temporary accommodation costs.[88]

Mr. Parent and Mr. Walbourne again highlighted the overlap between the vocational rehabilitation programs:

> There are in fact three vocational rehabilitation programs.... Each program has different eligibility criteria, assessment requirements and benefits. There is, unfortunately, no mechanism to ensure the coordination of benefits or to verify that a member is getting the best support to meet their needs.[89]

> Why do we have one program that starts and stops, and then another picks up and goes on from there? Having these dual programs running at the same time can be confusing.... Having dual programs, run by different entities with different sets of criteria, with different rules, different applications, different entry processes, you can see how this could cause a problem.[90]

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87 Mr. Phil Marcus (Vice-President, Operations and Support Service, Department of National Defence), *Evidence*, ACVA, 6 February 2018, 1145.

88 Ms. Susan Baglole (National Manager, Rehabilitation, Career Transition Services and Income Support, Department of Veterans Affairs), *Evidence*, ACVA, 6 February 2018, 1135.

89 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 27 February 2018, 1140.

90 Mr. Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman), *Evidence*, ACVA, 13 February 2018, 1115.

Moreover, the CAF, SISIP and VAC case managers do not have the same professional backgrounds or the same responsibilities, which can add to the confusion despite current efforts to better coordinate their work.[91]

The overlap is a problem that has been known for some time. In its evaluation of the New Veterans Charter, released in 2009, VAC acknowledged that "[SISIP's Vocational Rehabilitation Program] overlaps with VAC's vocational rehabilitation services."[92]

As of 1 April 2018, an education and training benefit has been added to the other vocational rehabilitation programs. All veterans are entitled to this benefit if they have at least six years of service and were released for any reason as of 1 April 2006.[93] Veterans with at least six years of service are eligible for up to $40,000, and those with at least 12 years of service are eligible for up to $80,000.

In recommendation 4 of its *Comparative Study of Services to Veterans in Other Jurisdictions*, released in December 2017, the committee suggested that veterans who medically release before the six-year eligibility deadline for the benefit are being treated unfairly. The government did not address this issue in its response to the recommendation.

5.3 Pain and Suffering Compensation and Financial Security

In a previous section of this report, the committee addressed new income replacement measures and the difficulty in coordinating them with vocational rehabilitation programs. As Mr. Cormier of VAC stated, "The most successful transition occurs when a veteran has a positive state of well-being, a balance of financial, mental, spiritual, physical, and social factors. Financial security is critical."[94]

During their appearance, Mark Campbell and Aaron Bedard criticized the federal government for jeopardizing this financial security through the new pension for life program announced by the Minister of Veterans Affairs in December 2017. As former Major Mark Campbell stated:

> A fundamental enabler for what we're talking about here, which is transition, is long-term financial security. [The pension for life] does nothing to improve the financial

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91 Ms. Nathalie Pham (Acting Area Director, Montreal Office, Field Operations, Department of Veterans Affairs), *Evidence*, ACVA, 15 February 2018, 1155.

92 Veterans Affairs Canada, *New Veterans Charter Evaluation – Phase 1*, December 2009, p. 19.

93 General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs), *Evidence*, ACVA, 20 March 2018, 1115.

94 Mr. Robert Cormier (Director of Field Operations, Strategic Affairs, Department of Veterans Affairs), *Evidence*, ACVA, 1 March 2018, 1135.

> situation for 88% of moderately to lightly disabled veterans, those who are expected to move on and transition to a full second career with gainful employment. Those who are not severely disabled will continue to receive approximately 40% less under the pension for life than they would have under the Pension Act.[95]

Numerous attempts have been made to compare the compensation for pain and suffering paid under the *Pension Act* with that paid under the New Veterans Charter. Studies show that, in the vast majority of scenarios, federal life-time compensation for veterans was more generous under the *Pension Act*.[96]

However, since the Federal Court's decision on 1 May 2012 in *Manuge v. Canada* (FC 499), a clear distinction was made between compensation for pain and suffering, and the replacement of lost income resulting from a service-related disability. Income replacement measures are to ensure financial security. In other words, although compensation for pain and suffering is less generous overall since the New Veterans Charter was introduced in 2006, this should not affect veterans' financial security if the income replacement measures achieve their objectives.

Mr. Campbell's recommendation to reinstate the amounts paid under the *Pension Act* could be justified if it aimed at addressing the perceived unfairness in the compensation for pain and suffering since 2006.

Recommendation 13

That Veterans Affairs Canada (VAC) review the overall well-being, including topics such as financial security, access to housing, and mental health status of veterans, to ensure they are sufficient, and prepare a report detailing their findings every five years; and that VAC identify ways to capture data on families where possible.

5.4 Third-Party Programs

Oliver Thorne of the Veterans Transition Network described his organization's activities to help veterans overcome barriers resulting from difficult experiences during their military service. Through the network's innovative support group sessions, participants and their

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95 Mr. Mark Campbell (Representative, Equitas Society), *Evidence*, ACVA, 22 March 2018, 1110.

96 Veterans Ombudsman, *Improving the New Veterans Charter: the Actuarial Analysis*, June 2013; Amy Buitenhuis, BScE; Alice B. Aiken, CD, PhD, "A Comparison of Financial Programs Offered to 'Traditional' Versus 'New' Veterans with Severe Disabilities: A New Class of Veteran?", in Alice B. Aiken and Stéphanie A.H. Bélanger, (eds.) *Shaping the Future: Military and Veteran Health Research, Canadian Institute for Military and Veteran Health Research*, 2011, p. 239-254; See also Veterans Affairs Canada, *Evaluation of Disability Pensions and Awards*, August 2010; and Aon Consulting, *Actuarial Analysis for the Office of the Veterans Ombudsman, Final Results Presentation*, 20 October 2009.

fellow veterans relive and better integrate the key moments that crystallized into barriers or turned into opportunities to excel. The Veterans Transition Network is among the organizations whose services are reimbursed following VAC approval. However, Mr. Thorne criticized the length of the approval process:

> [There is a] lengthy process to generate a pre-authorization for someone to attend our program.... About 50%, maybe fewer, of the veterans who have a claim with Veterans Affairs that would extend to cover our program do not get an approval in time for their attendance to be funded. That's been a big difficulty for us.[97]

Along the same lines, the Canadian Chiropractic Association, in a brief submitted to the Committee[98], identified discrepancies between non-pharmacological options for pain management offered in the CAF, and what was offered by VAC after release. For example, chiropractic treatment is available to serving members for up to 10 visits a year, and they need a referral to an off-base provider. For veterans, treatment is available for up to 20 visits a year without referral. Knowing that musculoskeletal injuries account for more than 40% of medical releases, and the risks of pharmacological treatment options, the alignment of services available to serving members with services available to veterans could help to reduce the prevalence of long-term disability related to musculoskeletal injuries.

Recommendation 14

That Veterans Affairs Canada accelerate its process to approve services by third parties on the list of authorized suppliers when case managers or service officers determine that these services would help veterans make a successful transition.

Recommendation 15

That the Canadian Armed Forces and Veterans Affairs Canada harmonize treatment options offered by healthcare professionals to transitioning serving members and veterans.

CONCLUSION

Contrary to what might have been thought, 60% of Veterans who experienced difficulties during their transition to civilian life were not released on medical grounds. However, as

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97 Mr. Oliver Thorne (Executive Director, National Operations, Veterans Transition Network), *Evidence*, ACVA, 8 February 2018, 1145.

98 Canadian Chiropractic Association, Improved Access to Chiropractic Care Means a Smoother Transition to Civilian Life, brief submitted to the Committee, March 2018.

Committee members have heard throughout this study, the CAF's personalized planning and follow-up efforts for transitioning members focus on those members who are in the process of being released for medical reasons. Among those who are released on medical grounds, it is mainly those who have been assigned to the Joint Personnel Support Unit, because of their more complex needs, who benefit from an integrated transition plan. The repeated recommendation to release serving members only when all necessary services are in place and decisions on the financial benefits have been adjudicated, made by this Committee, the Veterans Ombudsman and the Ombudsman for National Defence and the Canadian Forces, seems to apply only to this rather small group of transitioning members.

According to estimates by the Veterans Ombudsman, only 10% of military members who are being released for medical reasons will be offered an integrated transition plan. This means that approximately 250 transitioning members will have been followed in a manner consistent with the spirit of the recommendations of the Committee and the ombudsmen. It is expected, however, that about 3,000 will experience difficulties at the time of the transition, out of the 9,000 soldiers who will be released over the next year. Of these 3,000 who will experience difficulties, about 1,200 will have been released for medical reasons, and 1,800 will have been released for other reasons. It can therefore easily be estimated that more than 2,750 transitioning military personnel would have benefited from an integrated transition plan. A significant proportion of them will sooner or later request services and benefits from Veterans Affairs Canada.

If we accept the transition to civilian life as a pivotal period that will determine the future well-being of Canadian Armed Forces veterans in many ways, it is clear that access to transition support programs must be greatly expanded and not be made available exclusively to medically releasing members with complex needs. For such an expansion to be possible, the coordination of efforts by the Canadian Armed Forces and Veterans Affairs Canada must be stronger and better integrated.

The members of the Committee strongly hope that the recommendations contained in this report on transition will help to convey to the Government the importance and urgency of encouraging and even imposing, if necessary, any measure likely to support these coordination efforts by Veterans Affairs Canada, the Canadian Armed Forces and the Department of National Defence. As many witnesses have told us, problems have been identified for many years, solutions to many of these problems have already been found, but the results have been slow to materialize. The frustration of veterans who have had a difficult transition is palpable, and so is the frustration of members of their family. Many of them tend to blame governmental and bureaucratic inertia for their painful experience. We hope that the Government of Canada implements the Committee's recommendations.

APPENDIX A
FORM CF 98

National Defence / Défense nationale

REPORT ON INJURIES OR EXPOSURE TO TOXIC MATERIAL
RAPPORT EN CAS DE BLESSURES OU D'EXPOSITION À DU MATÉRIEL TOXIQUE

(TO BE COMPLETED AND FORWARDED WITHIN 14 DAYS OF INJURY OR EXPOSURE)
(REMPLIR ET EXPÉDIER DANS LES 14 JOURS DE L'ACCIDENT OU DE L'EXPOSITION)

1. INJURED PERSON'S IDENTIFICATION – IDENTIFICATION DE LA VICTIME

SN – NM	SURNAME – NOM DE FAMILLE		GIVEN NAMES – PRÉNOMS	
RANK – GRADE	REGULAR / RÉGULIÈRE RESERVE / RÉSERVE	DOB – DDN YYYY – AAAA MM DD – JJ	MOC – CEM	UNIT AND UIC – UNITÉ ET CIU
DATE AND TIME OF EVENT – DATE ET HEURE DE L'ÉVÉNEMENT		PLACE OF EVENT *(Include geographical location)* – LIEU DE L'ÉVÉNEMENT *(Incluant le lieu géographique)*		

2. INJURED PERSON'S STATEMENT OF CIRCUMSTANCES OF INJURIES OR EXPOSURE
DÉCLARATION DE LA VICTIME SUR LES CIRCONSTANCES DES BLESSURES OU DE L'EXPOSITION

	Yes / Oui	No / Non	If yes, provide the date, name, address and telephone number. Si oui, précisez la date, le nom, l'adresse et le numéro de téléphone.
Have you seen a health professional? Avez-vous vu un professionnel de la santé?			

I HEREBY DECLARE THAT THE FOREGOING IS A TRUE STATEMENT OF HOW THE INJURIES OR EXPOSURE WERE SUSTAINED.
J'ATTESTE PAR LES PRÉSENTES QUE L'EXPOSÉ CI-DESSUS DÉCRIT EXACTEMENT COMMENT J'AI SUBI MES BLESSURES OU MON EXPOSITION.

SIGNATURE OF THE INJURED PERSON – SIGNATURE DE LA VICTIME	DATE

3. REPORTING OFFICER'S STATEMENT – DÉCLARATION DE L'OFFICIER RAPPORTEUR

A. Describe the circumstances that led to the injury or exposure. – Décrivez les circonstances qui ont conduit aux blessures ou à l'exposition.

Explain/detail your answer and provide any appropriate documentation that will help to determine the eligibility for benefits.
Expliquez/détaillez votre réponse et annexez toute pièce justificative qui pourra aider à déterminer l'éligibilité à des bénéfices.

B. List the names, SN and particulars of all witnesses. Obtain and attach signed and dated statements.
Énumérez les noms, NM et autres détails de tous les témoins. Obtenez et annexez les déclarations datées et dûment signées.

C. Endorsement of information by reporting officer. – Approbation des renseignements par l'officier rapporteur.

I am satisfied that the information is complete and accurate. – J'ai la conviction que ces renseignements sont exacts et complets.

UNIT – UNITÉ	SIGNATURE *(OVER TYPEWRITTEN NAME, RANK AND APPOINTMENT)* SIGNATURE *(AU-DESSUS DU NOM, GRADE ET POSITION DACTYLOGRAPHIÉS)*	DATE

4. COMMANDING OFFICER'S STATEMENT – DÉCLARATION DU COMMANDANT

SERVICE INVESTIGATION CONCERNING INJURIES OR EXPOSURES. TO DETERMINE THE PROPER MODE OF INVESTIGATION SEE OVER.
ENQUÊTE MILITAIRE SUR LES BLESSURES OU LES EXPOSITIONS. POUR DÉTERMINER LE GENRE D'ENQUÊTE APPROPRIÉE VOIR LE VERSO.

	YES – OUI	DATE
SUMMARY INVESTIGATION ORDERED – ENQUÊTE SOMMAIRE ORDONNÉE		
BOARD OF INQUIRY CONVENED – COMMISSION D'ENQUÊTE CONVOQUÉE		

I am satisfied that the information provided in this report is complete and accurate.
J'ai la conviction que les renseignements contenus dans ce rapport sont exacts et complets.

UNIT – UNITÉ	SIGNATURE *(OVER TYPEWRITTEN NAME, RANK AND APPOINTMENT)* SIGNATURE *(AU-DESSUS DU NOM, GRADE ET POSITION DACTYLOGRAPHIÉS)*	DATE

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MEMBER – MILITAIRE

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OFFICIER DE SÉCURITÉ GÉNÉRALE LOCAL

LOCAL REPRESENTATIVE JUDGE ADVOCATE GENERAL *(if required)*
REPRÉSENTANT LOCAL DU JUGE-AVOCAT GÉNÉRAL *(si requis)*

CF 98 (09-00) 7530-21-920-4737

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Conception : Gestion des formules 993-3778

INSTRUCTIONS FOR COMPLETION OF FORM CF 98

GENERAL INFORMATION

A CF 98 shall be completed for all injuries and all exposure or suspected exposure to toxic substances or material. An injury such as a sprain, for example, may be a factor in a future more serious medical condition. Ensure that statements made by injured/exposed persons and witnesses are:

- in the first person;
- in their own words;
- brief, but contain details of the circumstances under which the injury was sustained; and
- signed and dated by the person making the statement.

Where it is necessary to submit a statement of a witness, the CO shall detail an officer other than the supervisor to obtain the statement.

SECTION 1

Ensure that all information required is provided.

SECTION 2

Ensure that SECTION 2 is completed by the injured member, however, if the injured member is unable to make a statement, the report shall be submitted and a statement obtained and forwarded as soon as possible.

Health professional means any person qualified and authorized to give care (physicians, nurses, medical assistant, chiropractor, etc.).

If a member is seen by a health professional that is not employed by the CF, then the member should request that a copy of the professional report be sent to his supporting medical unit. This may require that the member sign an authorization for the disclosure of medical information.

SECTION 3

The CO has the responsibility of ensuring that injuries/exposures are adequately documented for future use by the CF or the member and must designate a reporting officer who will complete Section 3. (An officer should be designated but if a suitable officer is not available a Warrant Officer may be designated.)

3A This section should be completed in as much detail as possible so as to clarify whether the injury or the exposure arose out of or was directly connected to military service. Substantiating documentation (CF Expres form, routine orders, unit physical training program, team list, CO's orders and directives, etc.) shall be attached.

3B Provide witnesses' personal information in as much detail as possible. Such identification is essential should it be necessary to obtain further statements from witnesses especially when required long after the event. It is important that witnesses' statements be attached (if applicable). However, it is not necessary to attach the statement of every witness to the injury. Be selective and include only the key witnesses' statements that will add to the validity of the CF 98.

SECTION 4

The CO or an officer designated by the CO (rank of Capt/Lt(N) or above) shall complete this section. A board of inquiry should be convened if the circumstances surrounding the injury are such that a detailed and formal investigation is warranted. If a board of inquiry is not convened, a summary investigation shall be ordered if the injury requires hospitalization for more than 24 hours, is of such severity that there is cause for immediate concern for the health of the member, whether the member's life is in danger or not, is likely to cause permanent disability, or in cases where compensation for disability – Reserve Force is considered payable. It should be considered if there is any doubt about the permanency of the injury.

INSTRUCTIONS POUR REMPLIR LE FORMULAIRE CF 98

RENSEIGNEMENTS GÉNÉRAUX

Il faut remplir un CF 98 dans tous les cas de blessure ou d'exposition réelle ou soupçonnée à une substance ou du matériel toxique. Toute blessure (une entorse, par exemple) peut devenir ultérieurement l'élément d'un problème médical plus sérieux. Les déclarations de la victime et des témoins doivent être :

- rédigées à la première personne;
- rédigées dans ses propres mots;
- brèves, tout en comportant des détails précis sur les circonstances de la blessure;
- signées et datées par la victime ou le témoin.

Lorsqu'il est nécessaire de soumettre la déclaration d'un témoin, le commandant désignera un officier autre que le superviseur pour obtenir cette déclaration.

SECTION 1

Veillez à ce que tous les renseignements requis soient fournis.

SECTION 2

Veillez à ce que la SECTION 2 soit remplie par la victime. Cependant, si la victime n'est pas en mesure de faire une déclaration, le rapport doit être soumis et une déclaration obtenue et acheminée dès que possible.

Par professionnel de la santé, on entend une personne qualifiée et autorisée à prodiguer des soins (médecins, infirmiers ou infirmières, adjoints médicaux, chiropraticiens, etc.).

Si le militaire est vu par un professionnel de la santé qui n'est pas au service des FC, le militaire devrait demander qu'une copie du rapport médical soit envoyée à son unité médicale de soutien. On pourra demander au militaire de signer un formulaire autorisant la communication de renseignements médicaux.

SECTION 3

Le commandant a la responsabilité de s'assurer que les cas de blessures/d'expositions soient documentés adéquatement en vue d'un usage futur par les FC ou le militaire. Le commandant désignera un officier pour remplir la section 3 (un officier doit normalement être désigné, mais si aucun officier ayant la compétence voulue n'est disponible, on peut nommer un adjudant).

3A Il faut donner le plus de détails possibles dans cette section afin d'être en mesure de déterminer si la blessure ou l'exposition était consécutive ou rattachée directement au service militaire. Veuillez joindre au formulaire tout document justificatif (formulaire Expres FC, ordres courants, programme d'entraînement physique de l'unité, liste des membres de l'équipe, les ordres et directives du cmdt, etc.).

3B Il faut donner autant de renseignements personnels que possible sur les témoins. Ces renseignements seront indispensables si jamais il est nécessaire d'obtenir de nouvelles déclarations auprès des témoins, surtout si beaucoup de temps s'est écoulé depuis l'incident. Il est important de joindre la déclaration des témoins (s'il y a lieu). Cependant, il n'est pas nécessaire de joindre une déclaration de tous les témoins de l'incident. Il faut être sélectif et inclure seulement la déclaration des témoins clés, celles qui ajoutent à la validité du CF 98.

SECTION 4

Le commandant ou un officier désigné par lui (grade de capt/lt(M) ou plus) doit remplir cette section. On doit réunir une commission d'enquête si les circonstances ayant entouré la blessure justifient une enquête poussée et à caractère officiel. Dans le cas où une commission d'enquête ne se réunit pas, une enquête sommaire doit être ordonnée, et ce si la blessure nécessite une hospitalisation de plus de 24 heures, si elle est d'une gravité telle qu'elle soulève des préoccupations immédiates à l'égard de la santé du militaire, qu'elle menace ou non sa vie, si elle est probablement de nature à causer une invalidité permanente, dans tous les cas où l'indemnité d'invalidité – Force de Réserve peut être payable; et devrait être considérée s'il subsiste un doute quant à la permanence de la blessure.

APPENDIX B
LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
As an individual	2018/02/01	72
Allan English, Professor, History Department, Queen's University		
Deborah Norris, Associate Professor, Mount Saint Vincent University		
Barry Westholm		
Canadian Institute for Military and Veteran Health Research		
Heidi Cramm, Scientific Leadership Team		
David Pedlar, Scientific Director		
Royal Canadian Legion		
Ray McInnis, Director Veterans Services		
Brad White, National Executive Director Dominion Command		
Supporting Wounded Veterans Canada		
Hélène Le Scelleur, Veteran Ambassador and Head of the Mentoring Program		
Department of National Defence	2018/02/06	73
Cmdre Sean Cantelon, Director General Canadian Forces Morale and Welfare Services, Military Personnel Command		
Phil Marcus, Vice-President Operations and Support Service		
Department of Veterans Affairs		
Susan Baglole, National Manager Rehabilitation, Career Transition Services and Income Support		
Elizabeth Douglas, Director General Service Delivery and Program Management		

Organizations and Individuals	Date	Meeting
Manulife Financial	2018/02/06	73
Kathleen McIlwham, Vice-President Wellness, Disability and Life		
As an individual	2018/02/08	74
Mark Fuchko		
Noel Lipana, Former Lieutenant-Colonel United States Air Force		
Vanier Institute of the Family		
Nora Spinks, Chief Executive Officer		
Veterans Transition Network		
Oliver Thorne, Executive Director Operations		
VETS Canada		
Debbie Lowther, Chair and Co-founder		
Department of National Defence	2018/02/13	75
Cmdre Sean Cantelon, Director General Canadian Forces Morale and Welfare Services, Military Personnel Command		
Col C.D. Harris, Director Military Family Services		
National Defence and Canadian Forces Ombudsman		
Robyn Hynes, Director General Operations		
Gary Walbourne, Ombudsman		
Department of National Defence	2018/02/15	76
BGen Mark Misener, Commander Joint Personnel Support Unit, Military Personnel Command		
Department of Veterans Affairs		
Elizabeth Douglas, Director General Service Delivery and Program Management		
Nathalie Pham, Acting Area Director Montreal Office, Field Operations		
Mark Roy, Acting Director Case Management and Support Services		

Organizations and Individuals	Date	Meeting
As an individual	2018/02/27	77
Dave Bona		
Jenny Migneault		
Teresa Untereiner		
Office of the Veterans Ombudsman		
Guy Parent, Veterans Ombudsman		
Sharon Squire, Deputy Veterans Ombudsman, Executive Director		
Department of National Defence	2018/03/01	78
Sanela Dursun		
Col Sylvain Maurais		
Alla Skomorovsky		
Department of Veterans Affairs		
Robert Cormier, Director of Field Operations Strategic Affairs		
Faith McIntyre, Director General Policy and Research Division, Strategic Policy and Commemoration		
As an individual	2018/03/22	80
Cassandra Desmond, Advocate Desmond Family Tragedy Rally For Change		
Sherri Elms		
Glen Kirkland		
Armed Forces Pensioners'/Annuitants' Association of Canada		
Michael Davie, Representative		
Keith McAllister, Representative		
Charles McCabe, Representative		
Equitas Society		
Aaron Bedard, Representative		
Mark Campbell, Representative		

Organizations and Individuals	Date	Meeting
As an individual	2018/03/27	81
Alannah Gilmore		
Soldiers Helping Soldiers		
LGen (Ret'd) Stuart Beare, Chair of the Board		

APPENDIX C
LIST OF BRIEFS

Organizations and Individuals

Armed Forces Pensioners'/Annuitants' Association of Canada Association

Canadian Chiropractic Association

Westholm, Barry

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* (Meetings Nos. 72, 73, 74, 75, 76, 77, 78, 80, 81, 82, 83, 84 and 85) is tabled.

Respectfully submitted,

Neil R. Ellis
Chair